



1727 State Street, Suite 20, Santa Barbara, CA 93101

www.CremationSB.com | Phone: 805-258-7700 | Fax: 805-643-4129

VITAL STATISTICS FOR DEATH CERTIFICATION

This form is to be completed for the deceased. Please fill in all blanks.

Legal Name: First Middle Last

Also known as (a.k.a.) (if applicable):

Sex: M F Race: Age:

Street: Apt:

City: State: Zip: County:

Telephone: Years in County: Years of Education:

Social Security: Date & Place of Birth:

Father's Name: Birthplace:

Mother's Full Maiden Name: Birthplace:

Name of Spouse: Maiden:

Marital Status: Never Married: Married: Widowed: Divorced:

Occupation & Employer: Years in Profession:

Type of Business/Industry: Veteran: Yes No Branch:

Immediate Next of Kin: Relationship:

Street: Apt:

City: State: Zip:

Telephone: Cell:

Secondary Next of Kin: Relationship:

Street: Apt:

City: State: Zip:

Telephone: Cell:

FOR MORE INFORMATION ON CEMETERY, FUNERAL AND CREMATION MATTERS, CONTACT: DEPARTMENT OF CONSUMER AFFAIRS, CEMETARY AND FUNERAL BUREAU, 1625 NORTH MARKET BLVD SUITE S-208, SACRAMENTO, CA 95834. Phone (916) 574-7870

Please complete this form carefully. Errors can result in additional fees and delay the receipt of certified copies of death certificates. Joseph P. Reardon Funeral Home is not liable for costs or delays resulting from incorrect information.

SIGNATURE: DATE: